

Compliance with Medical Practice Act Reporting Requirements
2005

To: Nevada State Board of Medical Examiners

Re: In office Surgical Procedures from January 1, 2005 through December 31, 2005

From: Dr. _____

License no.: _____

Business name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

_____ I did not engage in any in-office surgical procedures as described.
(initial by physician)

_____ I did not use any of the anesthetic procedures described.
(initial by physician)

DATED this _____ day of January, 2006.

Signature of Physician

Print Name

FORM B